

The Clinical Features of Myalgic Encephalomyelitis
Melvin Ramsay, M.D., 1986

The onset of the disease is similar to those described in the various recorded outbreaks. Thus it may be sudden and without apparent cause, as in cases where the first intimation of illness is an alarming attack of acute vertigo, but usually there is a history of infection of the upper respiratory tract or, occasionally, the gastrointestinal tract with nausea and/or vomiting.

Instead of an uneventful recovery the patient is dogged by

Persistent and profound fatigue accompanied by a medley of symptoms such as

Headache

Giddiness

Muscle pain, cramps, or twitchings

Muscle tenderness and weakness

Paraesthesiae (numbness or tingling in the extremities)

Frequency of micturition (urination)

Blurred vision and/or diplopia

Hyperacusis (sensitivity to noise sometimes alternating with deafness or normal hearing)

Tinnitus (constant sound in the ears), and a

General sense of "feeling awful."

Some patients report the occurrence of fainting attacks relieved by a small meal or just eating a biscuit; these attacks were the result of hypoglycaemia ...

All cases run a low-grade pyrexia (fever), seldom exceeding 100°F (c. 38°C) and usually subsiding within a week.

A very thorough examination of the central nervous system should be made and this should be accompanied by a careful estimation of muscle power, especially in the limbs and neck.

A search for enlarged lymph nodes should never be omitted.

If muscle power is found to be satisfactory, a re-examination should be made after exercise; a walk of half a mile is sufficient, as very few ME cases can make more.

Once the syndrome is fully established the patient presents a multiplicity of symptoms which can most conveniently be described in three groups.

1. Muscle phenomena

[Fatiguability]: Muscle fatigability, whereby, even after a minor degree of physical effort, three, four or five days, or longer, elapse before full muscle power is restored and constitutes the sheet anchor of diagnosis. Without it I would be unwilling to diagnose a patient as suffering from ME, but it is most important to stress the fact that cases of ME or mild or even moderate severity may have normal muscle power in a remission. In such cases, tests for muscle power should be repeated after exercise.

[Pain:] In severe cases of ME, muscle spasms and twitchings are a prominent feature and give rise to swollen bands of tissue which are acutely tender. In less severe cases, muscle tenderness may not be so readily elicited but careful palpation of the trapezii and gastrocnemii (the muscle groups most commonly involved) with the tip of the forefinger should enable the examiner to detect minute foci or exquisite tenderness....

[Clumsiness:] In the aftermath of the disease patients frequently fumble with relatively simple manoeuvres such as turning a key in a lock or taking the cork of a bottle.

2. Circulatory impairment. Most cases of ME complain of

Cold extremities and

Hypersensitivity to climactic change ...

Ashen-grey facial pallor, some twenty or thirty minutes before the
Patient complains of feeling ill

3. Cerebral dysfunction

The cardinal features:

Impairment of memory,

Impairment of powers of concentration and

Emotional lability

[Other] common deviations from normal cerebral function:

Failure to recall recent or past events,

Difficulty in completing a line of thought ...

Becoming tongue-tied in the middle of a sentence, and a

Strong inclination to use wrong words, saying "door" when they
mean "table" or "hot" when they mean "cold" ...

Complete inability to comprehend a paragraph even after
re-reading it

Bouts of uncontrollable weeping...

Alterations of sleep rhythm or vivid dreams, or both ...

[Accompanying] features [that] can only be attributed to involvement of the
Autonomic nervous system:

Frequency of micturition (urination)

Hyperacusis (hypersensitivity to noise)

Episodic sweating

Orthostatic tachycardia ...

Variability and fluctuation of both symptoms and physical findings in the course of a day is a constant feature in the clinical picture of myalgic encephalomyelitis.

An alarming tendency to become chronic. [Added in the 2nd edition, 1988]

[A. Melvin Ramsay, M.A., M.D. Myalgic Encephalomyelitis and Postviral Fatigue States: The saga of Royal Free disease (London, 1st ed. 1986, 2nd ed. 1988). Ramsay died in 1990. Thanks to Connie Nelson of the UK for making this available to me.]

